Finding Family at the 2015 CFHA Conference

The Families & Health Special Interest Group welcomes you to the 2015 annual conference of the Collaborative Family Healthcare Association! We have prepared this document of suggested concurrent education sessions for conference attendees who are interested in a special focus on families and health.

A1a Friday, October 16, 2015 – Period 1 –10:30 AM (40 minutes)

Integrated and Collaborative Care Practices for Teaching Pain Management Treatment

(Emilee J. Delbridge, PhD, LMFT; Dan S. Felix, PhD, LMFT; Derrick Hasenour, MD; Ankush Goyal, MD)

“Physicians and behavioral healthcare providers work collaboratively in a Chronic Pain Management Clinic at our Family Medicine Residency, with a dual focus of caring for patients with chronic pain and providing educational opportunities for residents and other healthcare trainees. We will discuss our specific approaches which support the educational and patient/family care goals of the clinic. We will provide data about the clinical and educational outcomes in the 18 months of the clinic's existence.”

A1b Friday, October 16, 2015 – Period 1 –11:20:00 AM (40 minutes)

Less Suffering, More Living: Integrated, Behaviorally-Informed Approaches to Adult and Pediatric Palliative Care

(David Nowels, MD; Jackie Williams-Reade, PhD, LMFT; Barry J. Jacobs, PsyD)

“Palliative care is increasingly being regarded as an essential element of humane, patient-centered, and economical healthcare. Yet its focus on reducing suffering is often resisted by patients, family members and providers who equate it with giving up and accepting death. In this workshop, medical and behavioral experts on adult and pediatric palliative care in primary care and specialty settings will describe best practices employing integrated, collaborative models. They will also specifically address strategies for decreasing discomfort with and increasing acceptance of palliative care among patients and professionals.”

B1 Friday, October 16, 2015 – Period 1 –10:30 AM (90 minutes)

Unlocking Implementation in Primary Healthcare: The Family Check-Up as an Example
“Demonstrate traction with your new procedure, program, or protocol using the cutting-edge evidence-based implementation strategies described in this training. Real-world examples using the Family Check-Up will be described by Implementation Scientists and providers in the trenches. The audience will have the opportunity to work exercises that will apply this new knowledge to their own relevant examples.”

G1c Saturday, October 17, 2015 – Period 1 –11:40:00 AM (20 minutes)

Childhood Obesity Prevention and Treatment: Behavioral Health and Medical Providers Partnering in Research and Practice

(Jerica M. Berge, PhD, MPH, LMFT, CFLE; Keeley Pratt, PhD, LMFT)

“Given the high prevalence of childhood obesity, it is important to understand prevention and treatment efforts occurring in family medicine/primary care settings to combat this major public health crisis. This session will detail current interdisciplinary research on both childhood obesity prevention and treatment interventions that have informed childhood obesity clinical care in family medicine/primary care practices. Evidence-based findings will be presented and best practices for childhood obesity prevention and treatment within family medicine/primary care settings will be discussed.”

A2b Friday, October 16, 2015 – Period 2 –2:00 PM (25 minutes)

Linking Primary Care, Schools, and Families to Enhance Child and Adolescent Health

(Cindy Carlson, PhD; Courtney Valentine, PhD; Jane Ripperger-Suhler, MD; Jaqueline Cammerer, MA)

Three initiatives that redesign traditional health care services and structures to improve the health outcomes of children and adolescents through unique partnerships between primary care, families, and schools are described, evidence of their effectiveness provided, and lessons learned discussed.
Expanding Integrated Care Across the Lifespan: Knowledge and Skills for Pediatric and Geriatric Practice
(Colleen Fischer, PhD; Christopher Sheldon, PhD; Alison Lieberman, PsyD; Margaret Tomcho, MD; Amy Starosta, MA; Jill Hersh, MA)

The behavioral health issues for children and elderly patients are complex and challenging for primary care providers and caregivers. These populations tend to have developmental changes, cognitive fluctuations, caregiver considerations, and more multifaceted social stressors. This presentation will describe a grant-supported initiative to efficiently provide integrated behavioral health for high-need, high-cost primary care clinics. The session will highlight the unique assessment and treatment techniques, as well as the clinic structure and flow, in these medical clinics.

Family and Community Collaborative Care for Older Adults and Their Family Caregivers
(Barry J. Jacobs, PsyD; John Rolland, MD, MPH; Lauren DeCaporale-Ryan, PhD; Janelle Jensen, MS)

As our country rapidly ages, the future of American healthcare depends in large part on how well we serve the needs of seniors in patient- and family-centered, evidence-based, cost-effective ways. In this workshop, we will present a family and community systems model for conceptualizing collaborative care for older adults and their family caregivers, as well as introduce 3 types of integrated geriatric care: psychotherapy for family caregivers, a primary care-based care transitions program, and a super-utilizer program for frail elderly patients. Specific knowledge and skills for competent geriatric care will be identified.
Group Prenatal Care: A Pilot Project Aimed to Reduce Health Disparities in an Urban Medical Residency Program Utilizing an Interdisciplinary Care Model

(Stephanie Trudeau, MS, LAMFT; Jerica M. Berge, PhD, MPH, LMFT, CFLE; Cora Walsh MD, MSc.; Betsy Gilbertson, MD)

National trends show a decline in preterm birth rates; however, health disparities including poor physical and psychosocial health remain for pregnant underserved patients. Results from a feasibility study testing group prenatal care in a family medicine residency program utilizing an interdisciplinary care team will be discussed. Initial outcomes, and discussion of the unique adaptations created to serve urban, underserved patients, facing disparities in birth outcomes will be presented.

E4a Saturday, October 17, 2015 – Period 4 – 9:30 AM (40 minutes)

Strategies for Planning, Implementing, and Sustaining Family-Centered Care Teams in Specialty and Primary Care Settings

(Kaitlin Leckie, PhD, LMFT; Maureen Davey, Ph,D, LMFT; Jennifer Hodgson; John Rolland, MD, MPH)

Family members influence patients' health care and clinical outcomes. Although family support is a powerful untapped resource, most primary and tertiary care teams have not been able to routinely evaluate, target, and utilize family support. Operational, clinical, and financial challenges can prevent family-centered approaches to care. In order to address this gap, each presenter will highlight how innovations in funding and team-based clinical approaches can facilitate more family-centered approaches to integrated care.

E4b Saturday, October 17, 2015 – Period 4 – 10:20:00 AM (40 minutes)

MEND: A Multidimensional Family Systems Based Approach to Chronic Illness

(Jackie Williams-Reade, PhD; Daniel Tapanes, MS; Mia Pandit, PhD; Griselda Lloyd, MS)

The facilitators will provide an overview of the MEND program to illustrate how it can be utilized in a family systems based program, for both the pediatric and adult populations. In addition the presenters will highlight the use of MEND as an intervention with the veteran population. This section will provide a brief summary of the MEND manual. This includes: 1) the conceptual framework and underlying
assumptions, 2) the organizational structure, 3) phases of change, 4) assessments and interventions, and 5) post intervention guidelines.

A6a: Saturday, October 17, 2015 – Period 6 – 3:30 PM (25 minutes)

Hold Me Tight: A Couple Support Group Program for Cancer Patients and their Partners

(Maureen Davey, PhD, LMFT; Laura Lynch, MS; Ting Liu, PhD, LMFT; Brianna Bilkins, MFT; Lydia Komarnicky, MD)

Each year thousands of couples are affected by the diagnosis and treatment of cancer. Yet our current healthcare system does not routinely provide psychosocial support for couples coping with cancer in a partner. We adapted a promising couple support group, Hold Me Tight (HMT: Susan Johnson, 2009), to reduce distress, improve quality of life, and help couples cope with a partner who is receiving oncology treatment. Given the racial and socioeconomic disparities in cancer incidence, we recruited a minority low-income sample of couples.

A6b Saturday, October 17, 2015 – Period 6 – 4:05 PM (25 minutes)

Brief Couple-Based Interventions: Getting to the Heart of Coping with Chronic Illness

(Ruth Nutting, PhDc; Jennifer Harsh, PhD, LMFT; Sean Hearn, MD)

Over half of the American adult population lives with chronic illness. Researchers have highlighted the need for greater attention to be paid to chronically ill individuals' partners’ psychosocial well-being in addition to the well-being of the chronically ill person. Although couple-oriented interventions are often more effective than individual-focused interventions in promoting positive coping, many healthcare providers are not trained to intervene at the couple level. Brief interventions that are commonly used with individuals in medical settings can be modified to target the couple system.
Fathers Matter: The Financial, Operational, and Clinical Implications of Paternal Peripartum Depression

(Cassidy J. Freitas, MA)

Peripartum depression is a significant condition that has the potential for injury and death to parents and children. Today, increasing attention is given to fathers with peripartum depression who are at-risk due to the changes in identity, relationship, and biology that occur when they become parents. Collaborative medicine offers a unique opportunity to detect and provide encompassing care to fathers and families impacted by this mental health problem. C.J. Peek's Three World View will be utilized to provide action steps within the financial, operational, and clinical realms of integrative health care as they pertain to Paternal Peripartum Depression. A multi-disciplinary model for treating Paternal Peripartum Depression will be described.